51A112 (12-97) Commonwealth of Kentucky REVENUE CABINET

Print Name

## APPLICATION FOR DIRECT PAY AUTHORIZATION

	Enter Legal Business Name	Federal Employer Identification Number	
Name of Applicant		Date Operations Began in Kentucky	
Kentucky Business Location	Number and Street City	County State ZIP Code	
Mailing Address	P.O. Box or Number and Street City	County State ZIP Code	
Type of Operation	☐ Manufacturing/Processing ☐ Mining/Quarrying ☐ ☐	·	
	Count Number   Count Number		
	<ul> <li>1. Are you engaged in business and have property (other than office furniture and equipment) located in more than one state?</li> <li>Yes Location of Home Office</li></ul>		
Other	the last calendar or fiscal year.	the last calendar or fiscal year.	
Information	Year Ending Amount		
	<ul> <li>□ Yes □ No</li> <li>4. Have you included your most recent certified financial states.</li> </ul>	statement with this application?   Yes   No	
that, in consideration	he above statements are correct to the best of my knowledge and belief for issuance of this Direct Pay Authorization, I will directly report and to the Cabinet by my supplier and myself had this Direct Pay Authoriza	I pay to the Revenue Cabinet, the sales or use tax that would	
	Signature Title	Date	